

Eric Hines #663508/146993B
South Woods State Prison
215 S. Burlington Road
Bridgeton, N.J. 08302

United States District Court
for the District of New Jersey
Camden Vicinage

RECEIVED
OCT 30 2019
AT 8:30
WILLIAM T. WALSH, CLERK

- - - - -
Eric Hines
Plaintiff

Hon. Judge Joel Schneider

Civil Action No.
1:17-cv-02864-NLH-JS

v.

Gary M. Lanigan, et. al.
Defendants.

Notice of Motion for Pro
Bono Counsel Pursuant to
28 U.S.C. §1915(e)(1)

CLERK COURT
U.S. DISTRICT COURT
DISTRICT OF NEW JERSEY
RECEIVED
2019 DEC 5 P 12:12

To: Hon. Judge Joel Schneider
United States District Court
P.O. Box 2797
Camden, N.J. 08101

P L E A S E T A K E N O T I C E that Pro Se Plaintiff
Eric Hines, hereby moves before the Honorable Judge Joel
Schneider, in the United States District Court, U.S. Courthouse,
Camden, New Jersey, for an order to grant application for Pro
Bono Counsel 28 U.S.C. §1915(e)(1).

In support of this motion, Plaintiff shall rely upon the
contents contained within application, dated 10/28/2019,
that is being filed with this motion.

Dated: 10/28/2019

Eric Hines
Eric Hines, Pro Se

Eric Hines #663508/146993B
South Woods State Prison
215 S. Burlington Road
Bridgeton, N.J. 08302

United States District Court
for the District of New Jersey
Camden Vicinage

-	-	-	-	-	-	:	
Eric Hines						:	Hon. Judge Joel Schneider
Plaintiff						:	
						:	Civil Action No.
						:	1:17-cv-02864-NLH-JS
v.						:	
						:	Motion for Pro Bono
Gary M. Lanigan, et. al.						:	Counsel Pursuant to
Defendants.						:	28 U.S.C. §1915(e)(1)
						:	
-	-	-	-	-	-	:	

I, Plaintiff Eric Hines, being of full age, duly sworn according to law, upon my oath, depose and state that:

1). I am the Pro Se Plaintiff in the above caption matter now before this Court. I am currently confined at South Woods State Prison, herein S.W.S.P.

2). The Plaintiff (herein Mr. Hines) alleges that, as a result of the defendants' (joint and individual) acts violated Mr. Hines' rights under the First, Eighth, and Fourteenth Amendments of the United States Constitution, Title II of the Americans with Disability Act (ADA), 42 U.S.C. §12101 et. seq., as made applicable to the individual States by the Fourteenth Amendment of the United States Constitution, and supplemental State Law claims pursuant to the New Jersey Civil Rights Act (NJCRRA); and pursuant to 42 U.S.C. §1983, §1984, and §1986.

The sheer number of claims and defendants makes this case factually complex.

3). In addition to that, one of Mr. Hines' claims involves the denial of medical care, i.e. and proper medical supplies. It will be necessary to call on medical expert witnesses to validate Mr. Hines medical condition, and refute the defendants' claims.

4). The presence of complex medical issues, requiring expert testimony, supports the appointment of counsel. Mongomery v. Pinchak, 294 F.3d 492, 503-04 (3d Cir. 2002); Moore v Mabus, 976 F.2d 268, 272 (5th Cir. 1992); Jackson v. County of Mclean, 953 F.2d 1070, 1073 (7th Cir. 1992).

5). Mr. Hines was able to retain an attorney, Charles H. Landesman, esq. Mr. Hines had informed Mr. Landesman that, the amended complaint (ECF No. 7) and the later motion to amend complaint (ECF No. 10) was granted leave to amend on 1/18/19, pursuant to Federal Rule of Civil Procedure 15, authorized before a responsive pleading has been filed. See Fed. R. Civ. P. 15(a)(1). The Court will thus grant Plaintiff leave to file one, all-inclusive, amended complaint that conforms to the Federal Rules of Civil Procedure.

6). Mr. Hines, personally, informed Mr. Landesman that, without proper medical supplies, he was being forced to sit and lie in urine and feces. Mr. Hines also informed Mr. Landesman that he was assaulted, and the dire need to submit an emergency injunction relief motion. Mr. Landesman assured Mr. Hines that

he would do so. However, after several months, Mr. Landesman had not did so, stating that, he wanted to wait and see who was representing the state and medical department. Due to Mr. Landesman negligence, Mr. Hines continues to suffer irreparable harm.

7). Mr. Hines is being forced to sit and lie in urine and feces, and was assaulted. His health, and physical well being, is in jeopardy, and has "Merit in fact and law," as required by Tabron v. Grace, 6 F.3d 147, 155 (3d Cir. 1993), and Parham v. Johnson, 126 F.3d 454, 457 (3d Cir. 1997).

8). Mr. Hines has been on administrative segregation since 2016. Mr. Hines has to seek legal advice by institutional mail. This takes a substantial amount of time. The restraints placed on Mr. Hines by virtue of his confinement, and the added restrictions being on administrative segregation only compounds the difficulties that Mr. Hines will face submitting a legible and comprehensive case before a jury.

9). To receive legal cases, legal material, or have photo-copies made, on administrative segregation, Mr. Hines must submit a request slip (G-27). This is not the most efficient method of obtaining legal cases, legal material, or having photo-copies made. This also compounds to the difficulties that Mr. Hines will face submitting a legible and comprehensive case before a jury.

10). Being on administrative segregation, the items that Mr. Hines is allowed to retain in his cell is highly restricted.

Inmates are allowed to have their word processor, but Mr. Hines is being refused the right to retain his word processor, like other prisoners on level #1 administrative segregation status. See exhibits A & B. This too compounds to the difficulties that Mr. Hines will face submitting a legible and comprehensive case before a jury.

11). This case will require a considerable amount of discovery, concerning the identity of inmate witnesses, officers, special investigation division reports, statements made about the incidents, and any prior history of PREA complaints, racial threats, threats made by special investigation division officers, retaliatory acts, misuse of force, any complaints filed on all officers or officials involved.

12). Due to Mr. Hines being a prisoner, it is virtually impossible for him to locate and interview the inmates who were housed on a unit known as 4-1-R, who were on nearby phones, walking on the tier, or in the common area. These inmate witnessed some and/or all of the PREA allegations committed by Officer Waters, such as fondling Mr. Hines' penis and derriere.

13). I have inmate witnesses who heard the threats by officers, as well as threats by the special investigative division officers, and the assaults Mr. Hines suffered at the hands of officer Marin and L. Smith. Inmates in similar situations, with regards to developing the facts as an inmate who has been transferred to a different institution, a factor

that several courts have cited in appointing counsel. Tucker v. Randall, 948 F.2d 288, 391-92 (7th Cir. 1991); Gaston v. Coughlin, 679 F. Supp. 270, 273 (W.D.N.Y. 1988). Also see Parham v. Johnson, 126 F.3d 454, 459 (3d Cir. 1997)(Holding counsel should have been appointed because "Prisoner's lack of legal experience and the complex discovery rules clearly put him at a disadvantage in countering the defendant's discovery tactics, these discovery rules prevented [the Plaintiff] from presenting an effective case below.").

14). Mr. Hines' account of the PREA complaint, the threats made by the special investigative division officers for making the PREA complaint, retaliatory acts committed by the officers, is squarely in conflict with the statements of the officers. This aspect of the case will be a credibility contest between Mr. Hines, his witnesses, and the defendants. The existence of these credibility issues supports the appointment of counsel. See Steel v. Shah, 87 F.3d 1266, 1271 (11th Cir. 1996); Gaston v. Coughlin, 679 F. Supp. at 73.

15). Mr. Hines is an indigent prisoner, with no legal training, a factor that supports the appointment of counsel. See Forbes v. Edgar, 112 F.3d 262, 264 (7th Cir. 1997). In addition to that, Mr. Hines is confined to administrative segregation, with very limited access to legal material. See Rayes v. Johnson, 969 F.2d 700, 703-04 (8th Cir. 1992)(citing lack for ready access to a law library as a factor supporting appointment of counsel.

16). The large number of defendants, some who are supervisory, presents complex legal issues of determining which defendants were personally involved in the constitutional violations to be held liable. See Hendricks v. Coughlin, 114 F.3d 390, 394 (2d Cir. 1997)(Holding complexity of supervisory liability supported appointment of counsel.)

17). Mr. Hines has requested a jury trial, which requires a much greater legal skill than Mr. Hines has or can develop. See Solis v. County of Los Angeles, 514 F.3d 946, 958 (9th Cir. 2008)(Prisoner with eighth grade education and no legal training is "ill-suited" to conduct a jury trial.)

18). Mr. Hines' allegations, if proved, would clearly establish a constitutional violation. The PREA complaint, the threats made by the special investigation division officers, and assaults, coupled with the other issues alleged in the complaint, states an eighth amendment violation. See Hudson v. McMillian, 503 U.S. 1, 112 S. Ct. 995 (1992)

19). Failure to address PREA complaint, the threats made by the special investigative division officers, the retaliatory acts by other officers, and the failure to conduct a meaningful investigation, the lack of a substantial reason for the erroneous decision, are all violations of Mr. Hines' clearly established due process right. See Ponte v. Real, 471 U.S. 491, 497, 105 S. Ct. 2192 (1985); Superintendent v. Hill, 472 U.S. 445, 457, 105 S. Ct. 2768 (1985; Wolf v. McDonnell, 418 U.S. 539, 559, 94 S. Ct. 2963 (1974).

20). Mr. Hines is submitting medical records with this motion, detailing the issues surrounding his right arm (i.e. his writing arm), which requires a second operation to correct. The severe pain that Mr. Hines experiences greatly affects his ability to write. At times, Mr. Hines' right arm locks up, and he is unable to write. This very motion is/was composed by another prisoner, who was kind enough to help Mr. Hines, for a small fee.

21). For the foregoing reasons, Mr. Hines implores this Court to grant his Petition For Pro Bono Counsel.

I, Eric Hines, Pro Se Plaintiff, certify, pursuant to R. 1:4-4(b), that the foregoing statements made by me are true. I am fully aware that if any of the statements made by me are willfully false, I am subject to punishment.

Dated: 10/28/2019

Respectfully Submitted


Eric Hines
Pro Se Plaintiff

Eric Hines #663508/146993B
South Woods State Prison
215 S. Burlington Road
Bridgeton, N.J. 08302

-	-	-	-	-	-	:	
Eric Hines						:	Hon. Judge Joel Schneider
Plaintiff						:	
						:	Civil Action No.
						:	1:17-cv-02864-NLH-JS
						:	
v.						:	
						:	
Gary M. Lanigan, et. al.						:	Certification of Service
Defendants.						:	
						:	
-	-	-	-	-	-	-	

I, Eric Hines, of full age, being duly sworn according to law, hereby depose and state:

I am the Plaintiff in the above captioned matter.

I hereby certify that the original and three (3) copies of Notice of Motion for Pro Bono Counsel, pursuant to 28 U.S.C. §1915(e)(1), Notice of Motion, and Certification of Service, will be file with the clerk of the United States District Court, for the District of New Jersey, Camden Vicinage, and that one copy has been sent by regular mail to each of the following addresses:

Hon. Noel L. Hillman, U.S.D.J.
United States District Court
P.O. Box 2797
Camden, N.J. 08101

Mavin L. Freeman, esq.
Deputy Attorney General
R.J. Hughes Justice Complex
25 W. Market st.
P.O. Box 112
Trenton, N.J. 08625-0112

University Correctional Health Care Rutgers
The State University of New Jersey
C/O New Jersey Department of Corrections
Bates Building, 2nd floor
Whittlesey Road, P.O. Box 863
Trenton, N.J. 08625-0863

Dated: 10/28/2019

Eric Hines
Eric Hines

Ref# SWSP18023368	Housing:SWSP-SSC-C POD-1023	Date Created:07/31/2018
ID#: 000146993B	Name:HINES,ERIC	
Form:Grievance	Subject:Administration	Description:Other
Urgent:Yes	Time left:n/a	Status:Closed

Original Form

7/31/2018 6:56:22 PM : (000146993b) wrote

Please be advised that the institution has allowed an inmate on C pod to retain and use his word processor. . . Notwithstanding the fact that it has denied every other inmate, including myself, retention and usage of our word processors. This is a blatantly discriminatory practice. Caselaw clearly establishes that similarly-situated inmates **MUST BE TREATED EQUALLY!!!** This issue is clearly actionable in both state and federal court. I am requesting retention and usage of my word processor posthaste.

Communications / Case Actions

8/10/2018 12:41:32 PM : (Willie Bonds) wrote

This matter is under review.

9/9/2018 9:36:32 AM : (Willie Bonds) wrote

This matter was address when you were reassigned to a new cell with electrical outlets

9/18/2018 6:59:59 PM : (000146993b) wrote

The matter has been resolved. Thank you.

9/19/2018 8:12:39 AM : (T. Stanley) wrote

Noted

Ref# SWSP19005215	Housing:SWSP-ACSU-C POD-1028 C	Date Created:02/03/2019
ID#: 000146993B	Name:HINES,ERIC	
Form:Grievance	Subject:Administration	Description:Other
Urgent:Yes	Time left:n/a	Status:Closed

Original Form

2/3/2019 3:36:00 PM : (000146993b) wrote

Re: discrimination against inmate in similar situation, failure to provide equal protection of the law.
citing SWSp-18023368 has already established SWSP, prison officials blatantly disregarded for rules & regulations standards. Another inmate housed in ad-seg on C-pod has been authorized to retain his word processor. But on 1/31/19 officer property officer Jackson, issues me a mailroom slip denying me the same privilege. once another inmate was afforded possession, admin. action to deny me the same standard is an act of discrimination and failure to provide equal protection of the law. I request my word processor, as afforded another inmate.

Communications / Case Actions

2/4/2019 9:38:39 AM : (Luz Torres) wrote

You should not compare your situation with any other inmates. All inmates are assessed case by case, in your case you are ACSU level #1 most highly restricted, per policy you are NOT allowed to have a word processor.

3/1/2019 9:22:22 AM : (John Powell) wrote

Please be advised you are currently assigned as Level 1-Adseg, it should be noted inmates assigned as Level 1-Adseg are not authorized to have a word processor. Additionally it should be noted that your next review for SARC is 4/4/19.

Ref# SWSP18029591	Housing:SWSP-SSC-C POD-1023	Date Created:09/08/2018
ID#: 000146993B	Name:HINES,ERIC	
Form:Grievance	Subject:Custody	Description:Other
Urgent:Yes	Time left:6 Day(s)	Status:Pending

Communications / Case Actions

9/8/2018 8:53:27 AM : (000146993b) wrote
Form has been submitted

9/8/2018 8:53:27 AM : (000146993b) wrote

According to promulgated rules and regulations, and standard procedure governing, the State of New Jersey, Department of Correction Administrative Close Segregation Unit.

State the following items are approved for retention by level one inmates housed in all administrative close segregation unit; are listed as the following;

Level One

- 1). 20 Stamps & envelope
- 2). 3 Stationery Pads
- 3). 1 Clear Case Radio
- 4). Typewriter/word processor
- 5). One clear case fan or any fan - NJSP only.

Rules & Regulation governing ACSU guarantees inmates their rights. At this time I'm requesting my clear case radio, be issued according to level one standard.

9/10/2018 9:41:12 AM : (Luz Torres) wrote

This is a Custody issue, your request is being refer to Custody.

South Woods State Prison-Main

Bridgeton, NJ

Fax:

July 30, 2018

Page 1

Imaging Report

ERIC HINES

Male DOB:06/14/1965 Booking #:663508 SBI:000146993B

Ins: NJDOCIC (NJDOCIP)

07/25/2015 - Imaging Report: MRI BRAIN W/O CONTRAST

Provider: Sharmalie Perera, MD

Location of Care: NJ Department of Corrections

MRI BRAIN W/O CONTRAST

Final Report

REFERRING BUSHRA AMBREEN MD

PHYSICIAN: 601 HAMILTON AVE.

TRENTON, NJ 08629

Procedure Reason: lower extremity weakness

Examination: FMR 0551 - MRI BRAIN W/O CONTRAST

Date: Jul 25 2015

RESULT:

Examination: MRI brain

History: Lower extremity weakness

Comparison studies: None

Technique: Routine MRI brain.

Findings:

The cerebellar tonsils are within normal position. Appearance of the brainstem and cerebellum are normal. Ventricular size is within normal limits. On FLAIR imaging, there 2 focal areas of signal abnormality along the peripheral white matter within dorsal left frontal lobe. There is an additional focus of abnormal signal within the mid left frontal lobe white matter and along the peripheral aspect of the anterior right parietal gray-white junction. These are nonspecific and are likely incidental findings. Diffusion imaging is normal. There is no evidence for hemorrhage or extra-axial fluid collections. No mass lesions are identified. Corpus callosum and pituitary gland are unremarkable. Visualized portions of the paranasal sinuses and mastoid air cells are clear.

Impression: Several white matter lesions which are likely incidental findings and may represent lacunar infarcts. There is no evidence for. Diffusion to suggest acute infarction or ischemia. No mass lesions are identified. Etiology for the patient's lower extremity weakness is not explained on the basis of this study.

INTERPRETING PHYSICIAN: LYNN F TAUS MD M.D.

382281

Electronically Signed by Sharmalie Perera, MD on 07/27/2015 at 11:41 AM

M.R. 1

South Woods State Prison-Main

Bridgeton, NJ

Fax:

February 26, 2018

Page 1

Imaging Report

ERIC HINES

Male DOB:06/14/1965 Booking #:663508 SBI:000146993B

Ins: NJDOCIC (NJDOCIP)

07/26/2015 - Imaging Report: CT CHEST/ABDOMEN/PELVIS W/ CONTR

Provider: Sharmalie Perera, MD

Location of Care: NJ Department of Corrections

CT CHEST/ABDOMEN/PELVIS W/ CONTR

Final Report

REFERRING JAVIER G. TABOADA MD

PHYSICIAN: 1 WALNUT LANE

YARDLEY, Pa. 19067

Procedure Reason: attn retroperitoneal spacer/o malignancy

Examination: FCT 3402 - CT CHEST/ABDOMEN/PELVIS W/ CONTR

Date: Jul 26 2015

RESULT:

CT CT abdomen, and pelvis was performed with intravenous and oral contrast.

History: Attention retroperitoneal space, rule out malignancy.

Comparison: Correlation is made to MRI of the thoracic spine performed July 24, 2015.

Technique: CT of the chest, abdomen, and pelvis was performed after the administration of intravenous and oral contrast. Sagittal and coronal reformats were obtained.

Findings:

Chest:

The imaged thyroid gland is unremarkable. The thoracic aorta is normal in caliber. The heart size is normal. There is no pericardial effusion. There is no bulky mediastinal or hilar adenopathy.

There are mild paraseptal emphysematous changes in the lung apices. The central airway is patent. There is a 3 mm nodule in the right upper lobe adjacent to the right major fissure on series 2, image 33. There is a 3 mm nodule in the left upper lobe on series 2, image 16. There is a 3 mm subpleural nodule in the left lower lobe on series 2, image 6 deep there is no pulmonary consolidation. There is no pleural effusion or pneumothorax.

There are no suspicious osseous lesions.

Abdomen and pelvis:

The liver, spleen, pancreas, and adrenal glands are grossly unremarkable. There are no calcified gallstones. There is no biliary ductal dilatation. The kidneys enhance symmetrically. There is mild fullness of the renal collecting systems without hydronephrosis. There are no calculi along the course of the ureters.

The abdominal aorta is normal in caliber. There are a are mild atherosclerotic changes within the distal abdominal aorta and extending to the common iliac arteries. The prostate gland is enlarged. The bladder is grossly unremarkable. There are a few scattered small retroperitoneal lymph nodes. There is no gross adenopathy.

There is moderate stool throughout the colon. The appendix is normal.

There is no bowel obstruction. The stomach is not well distended and not well evaluated. There is subcutaneous emphysema within the right lateral abdominal wall which is presumably related to subcutaneous injections.

There is a 9 mm lucent lesion within the left iliac knees 2, image 177 of uncertain etiology. There are degenerative changes at the left glenohumeral joint with subchondral cystic change.

Impression:

M.R. 2

South Woods State Prison-Main

Bridgeton, NJ

Fax:

February 26, 2018

Page 2

Imaging Report

ERIC HINES

Male DOB:06/14/1965 Booking #:663508 SBI:000146993B

Ins: NJDOCIC (NJDOCIP)

1. Scattered small pulmonary nodules. Followup chest CT in 1 year is advised.
2. Subcentimeter lucent lesion within the left iliac bone of uncertain etiology. Followup is recommended.
3. Constipation.

INTERPRETING PHYSICIAN: MICHELLE STERLING MD M.D.
382281

Electronically Signed by Sharmalie Perera, MD on 07/27/2015 at 11:43 AM

07/27/2015 - Append: CT CHEST/ABDOMEN/PELVIS W/ CONTR

Provider: Sharmalie Perera, MD

Location of Care: Northern State Prison-Main

pt admitted at SFMC

Electronically Signed by Sharmalie Perera, MD on 07/27/2015 at 11:46 AM

South Woods State Prison-Main

Bridgeton, NJ

Fax:

July 30, 2018

Page 1

Imaging Report

ERIC HINES

Male DOB:06/14/1965 Booking #:663508 SBI:000146993B

Ins: NJDOCIC (NJDOCIP)

07/30/2015 - Imaging Report: MRI UPPER EXTR JOINT RT W/O CONT

Provider: Sharmalie Perera, MD

Location of Care: NJ Department of Corrections

MRI UPPER EXTR JOINT RT W/O CONT

Final Report

REFERRING AHMAR SHAKIR D.O

PHYSICIAN: 3705 QUAKERBRIDGE ROAD

SUITE 103

TRENTON, NJ 08619

Procedure Reason: right shoulder pain

Examination: FMR 0234 - MRI UPPER EXTR JOINT RT W/O CONT

Date: Jul 30 2015

RESULT:

MRI right shoulder.

History: Recent trauma, pain. No prior shoulder MRI available for comparison. Previous chest CT 7/25/2015.

There is supraspinatus tendinopathy with thickening and increased signal in the tendon distally. There is a small linear focus of increased signal in the tendon, for instance series 7, image 9, most likely reflects tendinopathy. However, a small interstitial tear in the tendon near its humeral insertion site is not ruled out. No evidence for full-thickness rotator cuff tear is seen.

There are mild nonspecific cystic changes in the humeral head. There is no evidence for joint effusion or bursal fluid collection. There are degenerative arthritic changes at the acromioclavicular joint.

Long head of the biceps tendon appears intact and normally located. No gross evidence of glenoid labral tear is seen. The muscles demonstrate normal morphology and signal characteristics. Regional marrow signal otherwise is unremarkable

Impression:

1. Supraspinatus tendinopathy. No full-thickness rotator cuff tear. Small interstitial supraspinatus tendon tear near its humeral insertion not ruled out.

2. Acromioclavicular arthritis

Please see comments above.

INTERPRETING PHYSICIAN: ETHAN TARASOV MD M.D.

382281

Electronically Signed by Sharmalie Perera, MD on 07/30/2015 at 1:20 PM

M.R. 3

South Woods State Prison-Main

Bridgeton, NJ

Fax:

April 19, 2018

Page 1

Consultation Report

ERIC HINES

Male DOB:06/14/1965 Booking #:663508 SBI:000146993B

Ins: NJDOCIC (NJDOCIP)

08/30/2016 - Consultation Report: ORTHOPEDIC CONSULTATION

Provider: Stacy Williams-Hall, APN

Location of Care: NJ Department of Corrections

ORTHOPEDIC CONSULTATION

08/30/2016

RE: ERIC HINES

DOB: 06/14/1965

SBI#: 000146993B

Ordering Provider: CMSWI74

SOUTH WOODS STATE PRISON ORTHOPEDIC CLINIC

This is a 51-year-old patient who has had persistent shoulder pain. This patient has had previous surgery for impingement syndrome and rotator cuff partial tear. Pain persists despite the surgery. The patient has recently undergone an MRI arthrogram to evaluate the labrum as well as the biceps tendon. MRI shows thickening of the biceps tendon consistent with tendinitis. In that the patient did not respond to additional therapy on anti-inflammatory agent, additional surgery would be indicated. This specific surgery will be an arthroscopic assisted biceps tenodesis.

Scott Miller, MD

mts/1131428/31

Electronically Signed by Stacy Williams-Hall, APN on 09/13/2016 at 7:04 AM

PA 22

M.R. 4

South Woods State Prison-Main

Bridgeton, NJ

Fax:

April 19, 2018

Page 1

Imaging Report

ERIC HINES

Male DOB:06/14/1965 Booking #:663508 SBI:000146993B

Ins: NJDOCIC (NJDOCIP)

01/20/2017 - Imaging Report: CT CHEST W/O CONTRAST

Provider: Stacy Williams-Hall, APN

Location of Care: NJ Department of Corrections

CT CHEST W/O CONTRAST

Final Report

REFERRING SHERITA LATIMORE-COLLIER

PHYSICIAN:

Procedure Reason: NODULES

Examination: FCT 1250 - CT CHEST W/O CONTRAST

Date: Jan 19 2017

RESULT:

History: Nodules.

Tomographic images, reformatted reconstructions.

Heart size normal. Mild nonspecific increased density anteriorly at the right atrium.

Mediastinal, subcarinal lymph nodes size range of normal. Suboptimal for evaluation for hilar adenopathy without contrast.

Apical and upper lobe blebs and small bulla. Small bleb right middle lobe. Blebs inferior medially at the left upper lobe. Blebs anteriorly at the right lower lobe.

Nodular appearing density right upper lobe medially on image 74 of series 2, small nodular appearing density anterior superiorly at the left upper lobe on image 37, peripheral pleural nodular appearing density posterior laterally at the left lower lobe on image 136 do not appear significantly altered from the prior study of 7/26/2015, measuring about 3 mm. A nodular appearing density anterior laterally at the right upper lobe on image 81 measures about 2.7 mm, small nodular appearing density anterior laterally at the right lower lobe on image 92 measuring about 2.7 mm, and there is a nodular appearing density at the left lung near the fissure on image 100 measuring about 3.4 mm which are also previously identified. Suggest follow to assess for stability as clinically indicated.

Upper abdomen partially imaged. Gastric wall thickness about 2 cm.

Clinical evaluation advised.

Moderate fecal material visualized colon.

Scattered degenerative changes.

CONCLUSION:

Stable appearing lung nodules from 7/26/2015. Follow-up to assess for stability as clinically indicated.

Other findings above.

FLEISCHNER RECOMMENDATIONS FOR FOLLOW-UP AND MANAGEMENT OF NODULES

SMALLER THAN 8 MM DETECTED INCIDENTALLY AT NONSCREENING.

CT Nodule Size(mm)

<4:

Low-Risk Patient: No follow-up needed.

High Risk Patient: Follow-up CT at 12 months; if unchanged no further follow-up.

4-6:

Low-Risk Patient: Follow-up CT at 12 months; if unchanged, no further follow-up.

High-Risk Patient: Initial Follow-up CT at 6-12 months, then at 18-24 months if no change.

PA 23

MR.5

South Woods State Prison-Main

Bridgeton, NJ

Fax:

April 19, 2018

Page 2

Imaging Report

ERIC HINES

Male DOB:06/14/1965 Booking #:663508 SBI:000146993B

Ins: NJDOCIC (NJDOCIP)

>6-8:

Low-Risk Patient: Initial follow-up CT at 6-12 months, then at 18-24 months if no change.

High-Risk Patient: Initial follow-up CT at 3-6 months, then at 9-12 months and 24 months if no change.

>8:

Low-Risk Patient: Initial follow-up CT at around 3, 9 and 24 months.

Dynamic contrast-enhanced CT, PET, and/or biopsy.

High-Risk Patient: Same as for low-risk patient.

Note: Newly detected indeterminate nodule in persons 35 years of age or older.

Low risk patients: Minimal or absent history of smoking and/or other known risk factors.

High-risk patients: History of smoking or of other known risk factors, such as first-degree relative with lung cancer, or exposure to asbestos, radon, uranium.

If a nodule up to 8 mm is partly solid or is groundglass, further follow-up is required after 24 months to exclude possible slow growing adenocarcinoma.

This document has been electronically signed by: Eugene Klifto, D.O. on 1/20/2017 8:28 AM

INTERPRETING PHYSICIAN: EUGENE KLIFTO, DO M.D.
382281

Electronically Signed by Stacy Williams-Hall, APN on 01/23/2017 at 2:06 PM

Electronically Signed by Alan Dias, MD on 02/23/2017 at 3:22 PM

PA 24

South Woods State Prison-Main

Bridgeton, NJ

Fax:

February 26, 2018

Page 1

Imaging Report

ERIC HINES

Male DOB:06/14/1965 Booking #:663508 SBI:000146993B

Ins: NJDOCIC (NJDOCIP)

02/08/2018 - Imaging Report: CT CHEST W/O CONTRAST

Provider: Angela Thomas, APN

Location of Care: NJ Department of Corrections

CT CHEST W/O CONTRAST

Final Report

REFERRING HESHAM SOLIMAN

PHYSICIAN:

Procedure Reason: LUNG NODULES

Examination: FCT 1250 - CT CHEST W/O CONTRAST

Date: Feb 8 2018

RESULT:

History: Nodules.

Axial images, reformatted reconstructions. Automated Dose Control Measures and NEMA XR29 DOSE Check Software were utilized to reduce radiation dose to the patient.

Heart size normal.

Mediastinal and subcarinal lymph nodes normal limits. Not adequate for evaluation for hilar adenopathy.

Scattered blebs and small bulla, appearing more numerous superiorly in the thorax, and in the lung apices. Small linear atelectatic and irregular dependent lung changes. Small nodular or subpleural lung densities not appearing significantly altered from 1/6/2016. Also described 1/19/2017. Suggest follow as clinically indicated.

Upper abdomen partially imaged.

Gastric wall thickness up to about 2.5 cm. Clinical evaluation advised.

Moderate fecal material visualized colon. Colon diverticula.

Bile duct diameter about 6.5 mm.

CONCLUSION:

No significant chest appearance change from 1/6/2016.

Other findings above.

This document has been electronically signed by: Eugene Klifto, D.O. on 2/8/2018 11:34 AM

INTERPRETING PHYSICIAN: EUGENE KLIFTO, DO M.D.
382281

Electronically Signed by Angela Thomas, APN on 02/12/2018 at 8:59 AM

02/12/2018 - Append: CT CHEST W/O CONTRAST

Provider: Angela Thomas, APN

Location of Care: NJ Department of Corrections

Noted

Electronically Signed by Angela Thomas, APN on 02/12/2018 at 8:59 AM

PA 25

MR. 6

South Woods State Prison-Main

Bridgeton, NJ

Fax:

May 21, 2018

Page 1

Consultation Report

ERIC HINES

Male DOB:06/14/1965 Booking #:663508 SBI:000146993B

Ins: NJDOCIC (NJDOCIP)

04/25/2018 - Consultation Report: GASTROENTEROLOGY CONSULTATION

Provider: Angela Thomas, APN

Location of Care: NJ Department of Corrections

GASTROENTEROLOGY CONSULTATION

04/25/2018

RE: ERIC HINES

DOB: 06/14/1965

SBI#: 000146993B

Ordering Provider: cmsth68

This is a 52-year-old African American male, referred for GI evaluation because of longstanding history of gastroesophageal reflux disease. The patient had a CT scan of the chest done, which revealed gastric wall thickness up to 2.5 cm. Question of gastric neoplasm was raised. The patient denies any nausea, vomiting, hematemesis, weight loss, etc.

ESOPHAGOGASTRODUODENOSCOPY AND BIOPSY:

The procedure, complications, and alternatives were explained to the patient and informed consent was obtained from him for EGD and biopsy. After monitoring vital signs, he was placed in left lateral position and an EGD was then performed. The examination revealed normal esophagus. The stomach had some prominent _____, but there was no ulceration and/or tumor formation. A biopsy was obtained from the antrum to rule out H. pylori infection. The pylorus, otherwise, was normal. The duodenal bulb and 2nd portion of the duodenum were within normal limits.

The patient tolerated the procedure well and postprocedure instructions were sent with him.

RECOMMENDATIONS:

Further treatment will depend on gastric biopsy.

Bhanwaral Chowdhury, MD

mts/1746692/31

Electronically Signed by Angela Thomas, APN on 05/09/2018 at 4:15 PM

M.R.7

South Woods State Prison-Main

Bridgeton, NJ

Fax:

May 21, 2018

Page 2

Office Visit

ERIC HINES

Male DOB:06/14/1965 Booking #:663508 SBI:000146993B

Ins: NJDOCIC (NJDOCIP)

Mental Status Exam

Orientation: oriented to time, place, and person

* NKA (Critical)

Medications:

DULCOLAX 5 MG ORAL TABLET DELAYED RELEASE (BISACODYL) 1 tab PO daily PRN x 365

Plan:

At the request of psych they participated in visit today. RN in room.

EGD -

CBC - WNL

OB #1 negative , #2 done with rectal - negative

Questeran dc'd

US lower abd r/o appe

increase water

bowel regimen orders

Let it be noted. that pt was mad at me bc I was only handling his rectal bleeding situation today.

Disposition

Disposition: return for followup

Return in: Prn

Copay

Medical Copay Charged: 5

Medication Copay Charged: 1

Orders to be Processed and/or Transcribed

New or Changed Medications & Immunizations

DULCOLAX 5 MG ORAL TABLET DELAYED RELEASE (BISACODYL) 1 tab PO daily PRN x 365

Discontinued Medications & Immunizations

CHOLESTYRAMINE LIGHT 4 GM ORAL PACKET (CHOLESTYRAMINE LIGHT) 1 pack in applesauce
po tid x 365 days

Labs, Consults, Tests&Procedures, Clearances, Restrictions, Referrals, etc.

U/S - Other [REFOTP031]

M.R. 8

063508

St Francis Medical Center**601 Hamilton Ave
Trenton, NJ 08629
(609) 599-5280**

Name: HINES, ERIC
MR#: 382281
Study#: 18-EMG-103
Source:
Referring Physician: SOUTHWOODS
Examining Physician: TABOADA, MD JAVIER
Technician: Y. HILL

Date of Birth: 6/14/1965
Gender: Male
Exam Date: 5/11/2018
Height: 5'9"
Weight: 140 Lbs

History:

52 years old AAM inmate with history of weakness on both legs and urinary incontinence, symptoms developed on 2009 after he was restrained by shock hold of his neck. Patient has weakness on both legs, tendency to fall when attempting to get up or walk, he uses wheelchair.

Findings: Nerve conduction velocities on both lower extremities are in the low normal range. Motor and sensory distal latencies are WNL including sural nerves. Rare denervation signs were found in the lower extremities muscles but there are decrease voluntary MUP recruitment in both lower extremities. ,

Conclusion :Upper motor neuron syndrome, secondary to cervical spine myelopathy.


Javier Taboada, MD
NEUROLOGIST

Dr 5/14/18

401800284923 000146993B BAP 382281

LN: HINES

FN: ERIC

06/14/1965

TABOADA, JAVIER G MD

05/11/18 11:34 M 52 T





ST FRANCIS MEDICAL CENTER
601 HAMILTON AVE TRENTON, NJ 08629
(609) 599-5000
Department of Medical Imaging

RE: HINES, ERIC
DOB: 06/14/1965
SEX: M
LOCATION: Outpatient

PT

ORD #: 90015
MRN #: 382281
ADM #: 401800397434
Accession #: 1997772

Date of Exam: 07/17/2018
Discharge Dt:

Final Report

REFERRING PHYSICIAN: SHERITA LATIMORE-COLLIER

662808

Procedure Reason: EVAL

Examination: FMR 0551 - MRI BRAIN W/O CONTRAST

Date: Jul 17 2018

RESULT:

CLINICAL INDICATION: CVA, lower extremity weakness.

DIAGNOSIS:

Trace white matter changes as described, unchanged since previous exam, likely due to chronic small vessel ischemic changes..

COMMENT:

Multi-planar MR examination of the brain was performed utilizing multiple T1, intermediate, and T2 pulse weighted sequences. Comparison is made study from 7/25/2015.

There are minimal white matter changes scattered within the periventricular and subcortical white matter bilaterally. This is presumably secondary to chronic small vessel ischemic changes. Findings are unchanged since prior study. Clinical correlation is advised.

There is no evidence of mass, mass-effect, sulcal effacement, midline shift. There is no evidence of intracranial hemorrhage or acute territorial infarction. There is no hydrocephalus or midline shift.

The paranasal sinuses are unremarkable.

This document has been electronically signed by: Glenn Artico, MD on 7/17/2018 3:52 PM

Thank you for choosing St. Francis Medical Center

Interpreting Physician: GLENN ARTICOLO, MD M.D.
Adding Physician: ARTICOLO, MD M.D., GLENN

Signoff Date: Jul 17 2018 3:52PM Transcribed by: PSC. Transcribed Date: Jul 17 2018 3:52PM End Proc Dtime: Jul 17 2018 12:03PM

South Woods State Prison-Main

Bridgeton, NJ

Fax:

July 30, 2018

Page 1

Imaging Report

ERIC HINES

Male DOB:06/14/1965 Booking #:663508 SBI:000146993B

Ins: NJDOCIC (NJDOCIP)

07/17/2018 - Imaging Report: MRI BRAIN W/O CONTRAST

Provider: Jennifer Farestad, AGNP-C

Location of Care: NJ Department of Corrections

MRI BRAIN W/O CONTRAST

Final Report

REFERRING SHERITA LATIMORE-COLLIER

PHYSICIAN:

Procedure Reason: EVAL

Examination: FMR 0551 - MRI BRAIN W/O CONTRAST

Date: Jul 17 2018

RESULT:

CLINICAL INDICATION: CVA, lower extremity weakness.

DIAGNOSIS:

Trace white matter changes as described, unchanged since previous exam, likely due to chronic small vessel ischemic changes..

COMMENT:

Multi-planar MR examination of the brain was performed utilizing multiple T1, intermediate, and T2 pulse weighted sequences. Comparison is made study from 7/25/2015.

There are minimal white matter changes scattered within the periventricular and subcortical white matter bilaterally. This is presumably secondary to chronic small vessel ischemic changes. Findings are unchanged since prior study. Clinical correlation is advised.

There is no evidence of mass, mass-effect, sulcal effacement, midline shift. There is no evidence of intracranial hemorrhage or acute territorial infarction. There is no hydrocephalus or midline shift.

The paranasal sinuses are unremarkable.

This document has been electronically signed by: Glenn Articulo, MD on 7/17/2018 3:52 PM

INTERPRETING PHYSICIAN: GLENN ARTICOLO, MD M.D.
382281

Electronically Signed by Jennifer Farestad, AGNP-C on 07/19/2018 at 9:04 AM

M.R. 11

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Bridgeton, NJ

Fax:

July 30, 2018

Page 1

Imaging Report

ERIC HINES

Male DOB:06/14/1965 Booking #:663508 SBI:000146993B

Ins: NJDOCIC (NJDOCIP)

07/18/2018 - Imaging Report: MRI CERVICAL SPINE W/O CONTRAST

Provider: Jennifer Farestad, AGNP-C

Location of Care: NJ Department of Corrections

MRI CERVICAL SPINE W/O CONTRAST

Final Report

REFERRING SHERITA LATIMORE-COLLIER

PHYSICIAN:

Procedure Reason: EVAL

Examination: FMR 2141 - MRI CERVICAL SPINE W/O CONTRAST

Date: Jul 17 2018

RESULT:

CLINICAL INDICATION: Pain

DIAGNOSIS:

Interval resolution of left paracentral disc protrusion of C3-4.

Small disc osteophyte complexes of C3-4 and C4-5, with mild to moderate central canal narrowing of C3-4..

COMMENT:

Multi-planar MR examination of the cervical spine was performed utilizing multiple T1, intermediate, and T2 pulse weighted sequences. Comparison is made to prior study from 5/18/2016.

There is anatomic alignment of the cervical spine without evidence of acute cervical spine fracture or spondylolisthesis.

There is no evidence of significant disk space narrowing.

The cord is normal in signal and caliber throughout. The cerebellar tonsils appear well-seated.

C3-4: There has been interval resolution of the previously seen left paracentral disc protrusion of C3-4. At the C3-4 level, there remains a small disc osteophyte complex. There is bilateral uncovertebral and facet hypertrophy. This contributes to mild-to-moderate central canal narrowing.

C4-5: At the C4-5 level, there is a small disc osteophyte complex, causing minimal central canal narrowing.

There is no evidence of significant central canal or neuroforaminal narrowing at the remaining levels.

This document has been electronically signed by: Glenn Articulo, MD on 7/18/2018 4:49 PM

INTERPRETING PHYSICIAN: GLENN ARTICOLO, MD M.D.
382281

Electronically Signed by Jennifer Farestad, AGNP-C on 07/19/2018 at 8:42 AM

M.R. 12

ERIC HINES #663508/146993B

SOUTH WOODS STATE PRISON

215 BURLINGTON ROAD SOUTH

BRIDGETON, NJ 08302

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10/29/2019

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ZIP 08302

041M112:97259

HON. NOEL L. HILLMAN, U.S.D
UNITED STATES DISTRICT COURT
P.O. Box 2797
CAMDEN, N.J. 08101



LEGAL MAIL